



City of Inverness

Finance Department
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THIRD PARTY AUTHORIZATION FORM

Section 1: Individual Subject Information

Subject's Name: _____

Subject's Account Number: _____

Subject's Driver's License Number: _____

Subject's Date of Birth: mm/dd/yy: _____

Section 2: Third Party's Information

Name(s) of individual(s) to whom the City of Inverness is authorized to disclose information about the above-named subject:

Subject's Name: _____

Subject's Date of Birth: mm/dd/yy: _____

Additional Name: _____

Company name (if applicable) and address of individuals authorized to receive information about the above-named subject:

I _____, hereby certify that I am the individual named above as the subject of these records. I understand that the knowing and willful request for, or acquisition of, a record pertaining to an individual under false pretenses is a criminal offense under the Privacy Act subject to a \$5000 fine. I hereby authorize the City of Inverness to disclose information in my records regarding my Utility account to the individual(s) named in Section 2.

Signature _____ Date: _____